

Foster Family Home - Corrective Action Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-7

3250 Unahe Street

Reviewer: David Ayling

Lihue HI 96766

Begin Date: 10/18/2018

End Date: 10/18/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/18/18.

6.(d)(1) - Home in compliance with all requirements. PCG requests a 1 year certification. Home will receive a 1 year 3 bed certification.

Compliance Manager

Primary Care Giver

Date

Date